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CONFIRMATION NO. 5581

SERIAL NUMBER 10/849,526	FILING DATE 05/20/2004 RULE	CLASS 601	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 0633.0001C
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APPLICANTS

Randall Fenkell, West Bloomfield, MI;

** CONTINUING DATA *****

This appln claims benefit of 60/472,112 05/21/2003

yes / QT

** FOREIGN APPLICATIONS *****

None / QT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 07/16/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	MI	12	17	3
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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TITLE

Therapeutic back exercise machine

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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